

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007105

STATE FILE NUMBER

AMENDED

Registration District No. 182 Primary Registration District No. 5683 Registrar's No. 6

FILED MAR 2 1962

## 1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

JACKSON TOWNSHIP

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HINWAY 139

HOSPITAL OR INSTITUTION

14 MILES N. OF MEADVILLE

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

LINN

c. CITY

OR TOWN

MEADVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JAY

GOULD

AUSTIN

4. DATE OF DEATH

Month

Day

Year

2-20-62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-26-90

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (City and state or country)

MEADVILLE KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

NOT KNOWN

13b. MOTHER'S MAIDEN NAME

NOT KNOWN

14. NAME OF HUSBAND OR WIFE

NANCY A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. J.G. Austin, Meadville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myocardial Regeneration

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 29, 1961 to Feb 13, 1962 and last saw him alive on Feb 13, 1962

Death occurred at 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WRIGHTS - MEADVILLE, MISSOURI

2124162

Lawrence M. Mace

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Knight

Licensed Embalmer No. 4655

P. O. Address Meadville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.